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ECSTASY FACTS

An Emerging Drug of Abuse in Maryland

Drug Early Warning System (DEWS) researchers have been tracking ecstasy use since mid-1999. Ecstasy is no longer just a club drug. It has now been reported as an emerging drug in 19 jurisdictions, and it is spreading to the general teen and young adult population. The Maryland State Police reports that ecstasy cases increased more than four-fold from 13 in 1998 to 59 in 1999. As of January 29, 2001, 121 cases were recorded for 2000. The National Drug Abuse Warning Network (DAWN) reports for the Baltimore metro area show a sharp jump in ecstasy-related emergency room episodes, from 6 in 1998 to 35 in 1999.

What is Ecstasy?

Ecstasy, or MDMA (methylenedioxymethamphetamine), is a stimulant that combines the properties of methamphetamine ("speed") with those of hallucinogens. It is also known as X-Files, Mitsubishi, Triple Stacks, 007, and the Love Drug. It is usually taken in tablet or capsule form. Some pills sold as ecstasy actually contain little or no MDMA; pills may contain other drugs such as PMA or another MDMA analogue, DXM, household chemicals such as Ajax or rat poison, or other (sometimes lethal) byproducts of the drug manufacturing process. Pills sell for between \$7 and \$30 each. According to DEA reports, a majority of the ecstasy sold in the United States is manufactured in the Netherlands and smuggled to local dealers by couriers. Items associated with ecstasy use include pacifiers, eye droppers, painter's masks, and bottled water.

What Are the Effects of Ecstasy Use?

Ecstasy causes the brain to release serotonin, a neurotransmitter that helps control mood. Users often experience euphoria, enhanced mental and emotional clarity, and heightened sensory perceptions. When the drug wears off, in three to six hours, the user's brain has been depleted of serotonin. This can contribute to depression and harm parts of the brain responsible for thought and memory. Because users feel energetic, many dance until they are dehydrated. This has led to deaths from heat exhaustion and kidney and cardiovascular system failure. It has also led to heart attacks, strokes, and seizures in some users. Recent studies with humans and baboons (NIDA Notes Vol. 114, No. 4) revealed that repeated ecstasy use has an adverse effect on serotonin levels in the brain. Brain damage was still present in monkeys seven years after drug use stopped. A human study comparing 24 users to 24 non-users shows significant impairment in visual and verbal memory more than two weeks after use.

For more information on ecstasy and other drugs, please call

toll free: 1-877-234-DEWS (3397)

Source: Center for Substance Abuse Research, University of Maryland (November 2001)

NEED TECHNICAL ASSISTANCE
BUT DON'T KNOW WHAT TO DO?

There are four steps in requesting technical assistance (TA):

1. Identify your TA needs
 - a. Grantees may identify TA needs within their program or TA may be recommended by your Government Project Officer (GPO).
 - b. ACS/Birch & Davis staff can assist you with outlining and defining your TA needs or you can contact your GPO. Contact Lou Podrasky-Mattia, Deputy Project Director, CSAT TCE Project, at (703) 575-4765 or Louis.Mattia@acs-inc.com.
2. Complete a TA request form and forward it to your GPO. TA forms are available from ACS/Birch & Davis staff or your GPO.
3. Upon approval of the TA request, the information is sent to ACS/Birch & Davis by the GPO.
4. ACS/Birch & Davis staff will work directly with the grantee and CSAT to plan and execute the requested TA.

CONFERENCE CALENDAR CORNER

APRIL

April 2, 2002 - Ypsilanti, Michigan

734-973-7892

Teens Using Drugs: How To Know and What To Do. (Part 1: How To Know) Dawn Farm, the Livingston/Washtenaw Safe and Drug Free Schools and Communities Act (SDFSCA) Consortium, and the Saint Joseph Mercy Health System "Healthy Communities" Program.

Jess Antanaitis

jessa@umich.edu

April 4, 2002 - Baltimore, Maryland

404-756-5745

Lonnie E. Mitchell HBCU Substance Abuse Conference The National HBCU Substance Abuse Consortium, CSAT, NIDA, Morehouse School of Medicine Cork Institute ATTC, and Danya International, Inc.

Jackie Johnson

johnsoj@msm.edu

April 5, 2002 - Fort Wayne, Indiana

219-481-2700, ext. 2019

Shelter From the Storm: Clinical Assessment & Intervention with Young Children Who Witness Violence Park Center, Inc.

Fran Howard

gmoore@parkcenter.org

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April 6, 2002 - Raleigh, North Carolina 919-420-7968
BreakOut VII: A National Conference of PSR and Deafness.
Community Interventions: Preserving Our Roots
Greensboro Area Health Education Center (AHEC)
Brad Trotter
brad.trotter@ncmail.net

April 10, 2002 - Cincinnati, Ohio 1-800-668-9277
PRIDE2002 World Drug Prevention Conference
PRIDE Youth Programs
Kim Johnson
prideyouth@ncats.net

April 11, 2002 - Bethesda, Maryland 301-443-3860
Comparison of Mechanisms of Tolerance and Dependence Among Alcohol, Opiates, and Other Psychoactive Drugs
National Institute of Health
Nancy Colladay
ncolla@willco.niaaa.nih.gov

April 11-12, 2002 - Fort Lauderdale, Florida 301-897-7400(f)
All Things Are Connected: Blending Science, Technology, and Culture to Improve HIV/AIDS and Substance Abuse Health Practices
American Indian and Alaska Native HIV/AIDS and Substance Abuse Conference
Abbe Smith
Online registration at
<http://www.tech-res-intl.com/nativeconference/registration.asp>

MAY

May 6, 2002 - Anchorage Alaska 907- 770-2927
Annual School on Addictions
Substance Abuse Directors Association of Alaska
Mary Rosenzweig
mrosenzw@pobox.mtaonline.net

May 7 & 14, 2002 - Ypsilanti, Michigan 734-973-7892
Teens Using Drugs: How To Know and What To Do (Part 1 & Part 2)
Dawn Farm, the Livingston/Washtenaw Safe and Drug Free Schools and Communities Act (SDFSCA) Consortium, and the Saint Joseph Mercy Health System "Healthy Communities" Program
Jess Antanaitis
jessa@umich.edu

JUNE

June 5-8, 2002 800-969-6642
2002 Annual Conference - Prevention, Resilience, and Recovery:
United for Mental Health National Mental Health Association
<http://www.nmba.org>

June 9-11, 2002 - Baltimore, Maryland 410-706-3449
National Conference on Children & Adolescents
University of Maryland School of Nursing
Sally Raphael
raphel@son.umaryland.edu

June 24-26, 2002 - Washington, DC 703-575-4775
Targeted Capacity Expansion National Evaluation Meeting
Center for Substance Abuse Treatment
Louis Podrasky-Mattia
louis.mattia@acs-inc.com

June 26-28, 2002 - Washington, DC 703-575-4775
Targeted Capacity Expansion HIV and HIV Outreach
National Evaluation Meeting, Center for Substance Abuse Treatment
Miriam Phields, PhD
miriam.phields@acs-inc.com

June 28, 2002 - New York, New York 800-245-3333
What Mental Health Professionals Need to know About
HIPAA's Privacy Rules
The Center for Mental Health Services
Cindy Smith
csmith@prms.com

R E M I N D E R

QUARTERLY REPORTS should be submitted on time. Any delays must be cleared with your CSAT Project Officer. We look forward to receiving your reports by April 30, 2002. If you need assistance in any way, please call Kraig Marable at (703) 575-6630.

Thank You.
ACS/Birch & Davis
CSAT Team

DATA BYTES

Ecstasy Use Stabilizes Among High School Seniors as Perceived Harmfulness Increases; Drug Continues to Be Widely Available

For the first time since 1999, ecstasy (MDMA) use among U.S. 12th grade students has not increased significantly, according to data from the national Monitoring the Future survey. In 2001, 9 percent of high school seniors reported that they had used ecstasy in the past year, compared to 8 percent in 2000 (a statistically non-significant difference). At the same time, the percentage of seniors that perceived a "great risk" of harm from using ecstasy once or twice increased significantly, from 38 percent in 2000 to 46 percent in 2001. Past research has shown that as perceived harmfulness of a drug rises, use falls (see CESAR FAX, Volume 6, Issue 14).

While these findings suggest that ecstasy use may decline in future years, there has been a continued increase in the perceived availability of the drug. In 2001, 62 percent of seniors reported that ecstasy was "fairly easy" or "very easy" to obtain, compared to 22 percent when this question was first asked in 1989. Study director Lloyd D. Johnston suggests that this increase in perceived availability may be "due in part to the fact that this drug is still

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TEN NEWS

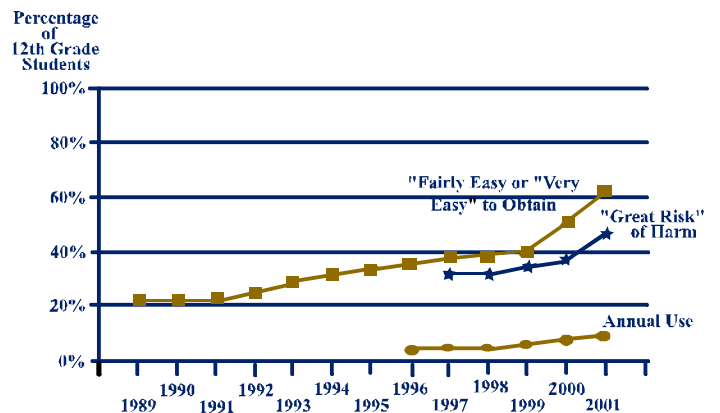
T A R G E T E D C A P A C I T Y E X P A N S I O N

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reaching new communities” (p. 2-3). The percentage of schools in the 12th grade national sample that had any survey respondent who had used ecstasy increased from 53 percent in 1998 to 72 percent in 2001 (data not shown). According to Johnston, “even if fewer students are willing to use ecstasy in the schools where it has been present, that decline very likely has been more than offset by the continuing rapid diffusion of the drug to additional areas” (p. 3).

SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, “Rise In Ecstasy Use Among American Teens Begins to Slow,” December 19, 2001.
Available online at www.monitoringthefuture.org.
For more information, contact Lloyd Johnston at 734-763-5043.

Percentage of U.S. 12th Grade Students Reporting Annual Use, Perceived Availability, and Perceived Harmfulness of Ecstasy (MDMA), 1989-2001



CSAT

Center for Substance Abuse Treatment
SAMHSA
Produced under a contract funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
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Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment